BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	C-X-		1 . 1 . \	
O.I.P.E. CLASSIFIER	1 1	UY	12114	
FORMALITY REVIEW		10	1-10/17	
RESPONSE FORMALITY REVIEW	de		2-14:01	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

09/701682

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Ctaim XX Date	Claim	Date	Claim	Date				
Final Original	Final		Final Original					
	51	- - - - -	101					
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747	97		147					
(48	98		148					
49	99		148					
50	100		150					

If more than 150 claims or 10 actions staple additional sheet here